



COLLINSVILLE STATE HIGH SCHOOL



Request for Extension

Student name: _____

Year level: _____

Subject: _____

Teacher name: _____

Assessment Task: Assignment Exam

Assessment task due date: _____

Reason for extension request:

Student signature: _____

Date: _____

Parent/carer signature: _____

Date: _____

Teacher comment:

Teacher signature: _____

Date: _____

Head of Department comment:

Date: _____

APPROVED

NOT APPROVED

Extension due date: _____

Student informed: Yes No

Date: _____

Parent/carer informed: Yes No

Date: _____

Teacher/curriculum HODs informed: Yes No

Date: _____